

KENTUCKY BOARD OF LICENSURE AND CERTIFICATION FOR DIETITIANS AND NUTRITIONISTS 911 LEAWOOD DRIVE FRANKFORT, KY 40601

Phone: (502) 564-3296 http://bdn.ky.gov

APPLICATION FOR LICENSURE/CERTIFICATION

(Please print or type all information)

Type of Licensure/Certification for which you are applying: (check appropriate space)

Dual Licensure/Co (RDN, LD, CN) or	ertification (RD, LD, CN) or (RD	□ \$5	0.00	
Certified Nutrition	nist Only (CN)	□ \$5	0.00	
GENERAL INFORMATI	ION			
. Name:Last		First	Middle	
2. Social Security No:			Mo Day Yr.	
. Home Address:	Street	City	State	Zip
5. Business Name:				
. Business Address:	Street	City	State	Zip
. Home Phone: ()	F	Business Phone: ()	
Email Address: Do you currently hold a v If yes, Registration Numb	ralid registration as a "Roper:	egistered Dietitian"? Expiration Date:		
. Do you have or have you State:		rtification in another state	or jurisdiction? □Yes □No	
0. Have you ever made appl □Yes □No If yes, give			e in any state?	
			v other jurisdiction? □Yes □	
APPLICATION FOR LICENSURI	E/CERTIFICATION REV 7.	/15		Page

	en convicted of any crime related to your					□No	
14. Are you a member	of the military? N/A Active _				l Guard _		
School	Name and Location		Dates Attended		Date of Graduation		Degree Obtaine
		То	From	Month	Year	Hours	Obtain
Jndergraduate							
Graduate							
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Complete Part 1 of this form and *mail to each state in which you hold or have held a license*. (You are authorized to photocopy the form). Please note that some states may charge a fee for reporting this information.

VERIFICATION OF LICENSURE IN OTHER JURSDICTIONS - PART I -APPLICANT MUST COMPLETE I am applying for a Dietitian/Nutritionist license in Kentucky. I was granted licensure/certification in the State of ______. My license number is ______. The Kentucky Board of Dietitians and Nutritionist requires that I submit verification that my licensure/certification is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Kentucky Board. Name (Please Print): Signature: PART II – MUST BE COMPLETED BY STATE BOARD AND SUBMITTED WITH COPY OF LAW, RULES, AND REGULATIONS Certification/License Number: _____ Date Issued: Expiration Date: Licensed By: [] Exam [] Education Do you show any derogatory information? [] Yes [] No Has this licensee been disciplined by your board? [] Yes [] No If yes, please explain fully on separate sheet and attach all related documentation. Signature and Title Date **Board Seal:**

State Board: Please return this form to:
Kentucky Board of Licensure and Certification for Dietitians and Nutritionists
P.O. Box 1360
Frankfort, KY 40601